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Case 2:06-cv-00928-M	SENDER: COMPLETE THIS SECTION IIEd 1	COMPLETE THIS SECUTION ON DELIVERY
	 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. 	A. Signature A. Signature Addressee Printed Name) A. Signature Addressee Addressee A. C. Date of Delivery A. C. Date of Delivery
	Influffundululululul Sgt. Golden Staton Correctional Facility PO Box 56 Elmore, AL 36025	ess different from item 1? \(\frac{1}{2} \) Yes alivery address below: \(\frac{1}{2} \) No \(\frac{1}{2} \) \(\frac{1}{2} \) \(\frac{1}{2} \)
e estado		3) Service Type Certified Mall Registered Insured Mail C.O.D.
	2. Article Numbs 7005 1820 00	D2 3461 2663
	PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540	
	SENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.	A. Signature
	Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.	B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 17 Yes YES, enter delivery address below:
	Infinitional Facility PO Box 56	Decry 28
	Elmore, AL 36025	ervice Type Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D. 4. Restricted Delivery? (Extra Fee) Yes
	2. Article Number 7005 1820 C	
	(naisier nom o	stic Return Receipt 102595-02-M-154